



# RI Department of Health

## Application and Instructions for:

Radon Mitigation Specialist

Applicant Name – Please Print

**DO NOT DUPLICATE THIS FORM  
PLEASE DO NOT REMOVE ANY FULL PAGES FROM THIS BOOKLET**

# INSTRUCTIONS

- Please answer all questions. Do not leave blanks. Incomplete forms will not be accepted and your application will be returned to you. Please use a ball point pen. Information can be obtained on our website at [www.health.ri.gov](http://www.health.ri.gov)
- Please mail your completed application, fee and the required documents to:

Rhode Island Department of Health  
Office of Health Professionals Regulation  
Room 104 - 3 Capitol Hill  
Providence, RI 02908-5097

1. \$130.00 (one-hundred thirty dollar) license fee in the form of a Check or Money Order, made payable to **General Treasurer, State of RI**
2. Attachments as listed below

<b>Required Documentation</b>	(A) Copy of certificate(s) indicating successful completion of an Agency approved training course and  (B) Copy of current certification as a radon mitigation provider/specialist with the National Radon Proficiency Program or the National Radon Safety Board
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Please make a photocopy of your entire completed application for your records before mailing to the office. The office is not responsible for providing you with a photocopy of your application.

You will be notified by mail when to appear to have your photograph taken and your ID badge printed.

Please allow the office fifteen (15) business days to process your application and notify you to appear to have your photograph taken.

Please call the Office of Health Professionals Regulation at 401-222-2828 if you have any questions about the application process.

You may review the status of your application at the Department of Health's' license verification site:  
<https://healthri.mylicense.com/Verification>

## State of Rhode Island and Providence Plantations Department of Health

**Name:**

This is the name that will be printed on your License and reported to those that inquire about your License.

Do not use nicknames, etc.

Name: \_\_\_\_\_  
Prefix (Mr/Mrs/Dr.)                      First Name                      Last Name                      Suffix (Jr/III)

**Date of Birth:**

Date of Birth:   -   -      
Month                      Day                      Year

**Gender:**

Male                       Female

**Residence Information:**

It is your responsibility to keep the Department apprised of all address and phone number changes.

**(Not published on the HEALTH web site).**

Address Line 1 \_\_\_\_\_  
 Address Line 2 \_\_\_\_\_  
 Address Line 3 \_\_\_\_\_  
 Address City, State, ZipCode \_\_\_\_\_  
 Address Country \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**Business/Employment Information:**

Please provide the information of the licensed radon mitigation contractor(s) which you will be performing radon mitigation services.

Note: If you are providing services for more than one licensed mitigation contractor, attach this information on a separate sheet.

Company Name \_\_\_\_\_  
 Address Line 1 \_\_\_\_\_  
 Address Line 2 \_\_\_\_\_  
 Address Line 3 \_\_\_\_\_  
 Address City, State, ZipCode \_\_\_\_\_  
 Address Country \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**SSN:**

**(Social Security Number)**

**Pursuant to Chapter 75 of Title 5 of the Rhode Island General Laws, as amended, any person applying for or renewing any license, permit, or other authority to conduct a business or occupation within Rhode Island must have filed all required state tax returns and paid all taxes due the state or must have entered into a written installment agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator.**

SSN:    -   -

